A mixed bunch

We were egalitarian in our department: if you taught the top set GCSE group in one year, you took the bottom set Year 10 the year after, so I was not unprepared for 10MHi2. History was in the same option block as PE, so my class consisted of many students (mainly, but not exclusively, boys) for whom PE was a priority and History the least palatable of the remaining subject choices.

There was a subset of resentful girls, each with a crush on Mr G, NQT and the only man in the History Department. They had miscalculated the odds on getting him as their teacher and were sullenly resolved to make me pay for their disappointment. On the positive side, there was no difficulty finding volunteers to trek downstairs to the resources cupboard at the back of his classroom to collect lined paper/sugar paper/marker pens and/or DVDs.

And then there were the students who had a genuine interest in history, who had enjoyed the subject lower down the school, whose parents took them to castles and monasteries at the weekends, who watched the History Channel and were looking forward to learning about Medicine through Time and the American West.

So, it was a mixed bunch that straggled into my classroom that early September day. Their CAT scores ranged from 79 to 99 (10 students) and 100 to 110 (9 students) and their expectations ranged from the positively hopeful to the decidedly sceptical.

A shuddering halt

But there is something about starting a course with trephined skulls, Egyptian mumification and the Black Death that is irresistible, so we built up a pleasing momentum in the first two terms of year 10. It was the Medical Renaissance that brought us to a shuddering halt.

10MHi2 had been pleasantly surprised by the History of Medicine up to and including the Middle Ages, but they could see no point in learning about developments in anatomy, physiology and surgery that had such a limited impact on the actual health, well-being and medical treatment of people living in the sixteenth and seventeenth centuries:

Student 1: So, Harvey knew the heart was a pump, but they still bled Charles I on his deathbed.

Me: Not all doctors were convinced by Harvey’s discovery.

Student 2: But you said he proved it scientifically.

Student 3: Which you said was better, because you can keep on proving it again and again.

Me: Yes, I know, but treating a dying king is a fearful responsibility, so doctors fell back on tried and tested medical treatments.

Student 1: Even though Harvey had proved they didn’t work.

Student 3: Even though one of the doctors treating the king was actually Harvey.

They have ganged up on me now. They scented my imminent defeat. They like dishing out a good defeat.
Me: It’s about change and continuity: Harvey was trying to make a change and the king’s doctors wanted to continue doing what they'd always done.

Student 4: So what’s the point of learning this stuff, then? If Harvey discovered the heart’s a pump and nobody took any notice, learning about him is pointless.

Me: Not pointless, actually. Crucial. Because the Medical Renaissance is this year’s special topic. It is guaranteed to come up in the exam. There will, in fact, be an entire source analysis paper dedicated to Renaissance Medicine alone.

Student 5: Well it’s rubbish. Why couldn’t we have the Black Death?

Me: Because they had the Black Death last year.

Student 6: Typical. Year 11 get everything.

And they went on a collective go-slow. Admittedly, it was the cricket season but really, their lack of interest in Vesalius, Paré, Harvey, Lady Grace Mildmay and the rest was almost total.

Yet Renaissance Medicine had to be learned and learned well. Not only that, it had to be learned in conjunction with source analysis technique which had not proved, so far, to be one of their strengths.

Home-made entrails and kidneys

That is when I decided to turn everything they needed to know and the skills they needed to practise into a factually accurate scripted drama with differentiated parts for every member of the class. The script was designed to help them understand why and how Paré had changed surgical techniques in the sixteenth century, the success he had enjoyed, the fame he had attracted, but also the resistance and hostility he had provoked among members of the medical establishment.

I spent the weekend writing. I made entrails out of a pair of children's woollen tights and kidneys out of two bean bags borrowed from the PE Department (I felt they owed me a moral duty of cooperation) and smothered my apron in red food colouring…

The next lesson starts with the magic words – ‘Put your books away, clear your desks and put your bags at the back of the room.’

Student: Do we need pens?

Me: No pens, no books – nothing.

Now I have their attention. This is not how History lessons start.

I hand out character cards with details of the person they are about to become, dish out the scripts and the highlighter pens and give them three minutes to highlight their lines.

Character Card:

Ambroise Paré****

You are a sixteenth century French battlefield surgeon. You could not afford to go to university to become a doctor, so you were apprenticed to a barber surgeon instead.

At 26, you joined the French Army, where you saw gunshot wounds for the first time. You had been taught to cauterize them with scalding hot oil, but when you ran out of oil in the middle of a battle, you improvised, using Roman surgical techniques, and made a surprising discovery.

Costume: blood-soaked apron

Props: sickle-shaped knife, saw for cutting through bone, a crow's beak (pair of tweezers), needle and silk thread, bottle of turpentine, bottle of rose water and half a dozen fresh eggs

*Asterisks indicate the size and complexity of each character part.
We drag one of the front desks forward to serve as an operating table; we drag the rest back to make an acting space. Students perch on desks and gather against walls, waiting for their entrance. They handle props. Those keen to dress up raid the costume box. The intestines and kidneys are strategically draped to set the scene and the action begins.

I wanted to give 10MHi2 the contextual understanding and analytical skills to write developed answers to source evaluation questions and, to an extent, I was successful. They loved learning through scripted drama. They wanted to film it. With the exception of Mr G’s fan club, they wanted to perform it to the class downstairs. They liked the personalization, the battlefield language, the in-jokes, the laughter – they remembered it and they understood why it was important.

They completed worksheets based on the script (I lied about them not needing pens) and consulted each other about the things their characters had done, said or intended. It transformed their attitudes to Renaissance Medicine. I wish I could say it transformed their exam results, but that would be too ambitious a claim.

Improved exam results
Scripted drama did, however, improve exam results at AS Level. Again, it was a source analysis paper on the Wars of the Roses that consistently dragged down our students’ marks, but in the five years following the introduction of a scripted drama, the source paper was transformed into our leading edge module. Of the 32 students in the last AS Level group I taught at the school, whose ALIS predicted grades were 5 As, 7Bs, 14Cs and 6Ds, twenty achieved grade A and five grade B.

A refreshing change
I became more ambitious. I wrote scripts based on GCSE and A Level exam questions and used characters Ed Splain, Clarie Fy, Ann Alysis and Eve Aluate to model nuanced and developed responses. I conducted action research analysis on the extent to which scripted drama can develop understanding of historical context and source work skills.

Then I set up an educational script writing company called Act the Facts, and wrote scripted dramas commissioned by schools, colleges, museums and charities on topics as disparate as fractional distillation and the offshore wind industry. I have even written a GCSE PE script on Factors Affecting Participation in Sport, but History scripts are the ones that thrill me most and I commend them to all History teachers.

For the topic you dread teaching, for the subject that makes them groan, for the students who won’t, or don’t know how to revise, for an alternative teaching strategy or an active revision method that makes a refreshing change – try writing a scripted drama: it unlocks areas other teaching methods cannot always reach.

Written by Kate Brennan

Kate taught history for 22 years, first at Sawston Village College, Cambridge and then South Hunsley School and Sixth Form College, East Yorkshire. She set up the educational script writing company Act the Facts in 2009.

Character Card: Louis Theroux**

You are a soldier fighting in the French civil wars of the sixteenth century. A cannonball has shattered your leg and you have a gunshot wound to the shoulder. Gunpowder is still fizzing in your flesh.

You are waiting for the battlefield surgeon to cauterize the wound with boiling oil or a red hot metal bar.

Luckily, you have blundered into the medical tent of a surgeon called Paré. He has developed a different way to treat gunshot wounds. He is about to practise on you.

Costume: blood-soaked shirt and sixteenth century armour

*Asterisks indicate the size and complexity of each character part.
Scene 2: A battlefield somewhere in Sixteenth century France:

**Narrator 1:** Louis Theroux is propped up on a desk with a piece of shin bone sticking out of his leg (use a ruler). Paré prepares to amputate it. His muscular helpers, Thierry and Henri hold the patient down.

**Narrator 2:** Zinedene Zidane sits with his intestines in his hands, waiting to be treated. Enter film crew and Ian Vestigate clutching a large book with *Works on Surgery 1575*, by Ambroise Paré on the cover.

**Ian Vestigate:** We’re looking for Ambroise Paré, the barber surgeon.

**Zinedene:** (Aggressively) Wait your turn. I was here first.

**Paré:** Take a seat sir. I’ll just amputate this leg and then I’ll be with you.

**Zinedene:** Oi! What about me and my internal bleeding? I carried these intestines for three miles so you could shove them back in.

**Thierry:** You’ve had a wasted journey, soldier. We can’t treat injuries to the body cavity in the sixteenth century. You’re a dead man walking.

**Zinedene:** So I staggered all this way for nothing?

**Paré:** I’m sorry. Nobody can operate safely inside the body cavity until Lister discovers antiseptics in the 1860s.

**Zinedene:** Well, I’m gutted.

**Henri:** Yes you are. Go somewhere and die from septicaemia and blood loss. You’re making the tent untidy.

**Narrator 3:** Zinedene crawls painfully off stage

**Paré:** Next!

**Narrator 1:** Louis puts up his hand.

**Thierry:** Right soldier, where does it hurt?

**Louis:** Do you see this bit of bone?

**Henri:** The bit sticking out of your knee cap here?

**Narrator 2:** Henri prods the bone with his fingers

**Louis:** OW!!!!! Yes. That’s where it hurts.

**Thierry:** Another gunshot wound. That’s nasty, very nasty.

**Narrator 3:** Thierry leans over and coughs on the wound.

**Ian Vestigate:** Is that a good idea?

**Thierry:** What?

**Ian Vestigate:** Coughing on his wound like that? You’ll infect it with germs.

**Henri:** It’s the sixteenth century, we don’t know anything about germs yet.

**Paré:** Well that’s not quite true. We have seen germs thanks to Galileo.

**Louis:** Galileo?

**Paré:** Galileo. He made a lens that shows tiny animalcules wriggling around on everything.

**Ian Vestigate:** Yes. Those things are called germs and they cause infection and disease. Germs are killing most of the soldiers in here.

**Henri:** (Shrugs) Well, we don’t know that yet.

**Paré:** Not until Pasteur proves his germ theory in 1861.

**Thierry:** So I’ll cough as much as I like.

**Narrator 1:** Thierry coughs on the wound again. Louis is getting impatient.

**Louis:** I’m bleeding to death here. I can’t wait three hundred years for you lot to discover that germs cause infection. Just do your best, Monsieur Paré.